

BOARDS & COMMISSIONS POTENTIAL APPOINTEE QUESTIONNAIRE

Board(s) of Interest: _____

PERSONAL INFORMATION

Name: _____
Mr./Mrs./Ms./Dr. LAST FIRST MIDDLE

Business Address: _____
STREET SUITE #

PO BOX CITY ST ZIP

Cell: _____ Home: _____

Office: _____ Email: _____

Residential Address: _____
STREET

CITY ST ZIP

Specify the preferred mailing address: ☐ Business ☐ Residence
Please note, if appointed, the address you select will become public information

State Senator: _____ Date of Birth: _____

State Representative: _____ Social Security #: _____

Ethnicity: _____ Drivers License #: _____
(Requested because some commissions must be tracked by law)

Marital Status: ☐ S ☐ M If married, spouse's name: _____

Are you a citizen of the United States: ☐ Y ☐ N If no, please explain: _____

Are you a registered voter in the county of your current residence: ☐ Y ☐ N
This is required to receive any appointment

Do you live with a disability? ☐ Y ☐ N If yes, please explain: _____

The Governor is required by law to appoint individuals with disabilities to particular boards

Are you, or have you ever been, registered as a lobbyist in Arkansas? ☐ Y ☐ N
If yes, please list the dates of your registration, or if it is active: _____

Occupation: _____ Employer: _____

Spouses Occupation: _____ Spouses Employer: _____

EDUCATION

High School: _____ Year Graduated: _____

List all post-secondary educational institutions attended:

NAME & LOCATION	DATES ATTENDED	CERTIFICATES/DEGREES RECEIVED
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EXPERIENCE

Include information concerning your current employer and for all of your employment during the last five years. List employers name, business address, type of business, occupation or job title and period(s) of employment. (If retired, include past years of work experience.)

Civic Service:

State experiences, interests and elements of your personal history that qualify you for this appointment:

Please list any professional certificates, titles or licenses you hold:

Has your professional group nominated you for this appointment? ☐ Y ☐ N

If yes, who? _____

Are you seeking this appointment to represent a certain interest or professional group? ☐ Y ☐ N

If yes, who? _____

Have you ever been disciplined or cited for a breach of ethics or unprofessional conduct by or been the subject of a complaint to any court, administrative agency, professional association, disciplinary committee or any other professional group? ☐ Y ☐ N

If yes, please explain: _____

Have you ever been convicted of a violation of any federal, state, county or municipal law, regulation or ordinance (including traffic violations for which a fine of \$150 or more was imposed - this includes driving under the influence of alcohol and/or drugs)? ☐ Y ☐ N

If yes, please explain: _____

Have you ever been affiliated (as an officer, owner, director, trustee, partner, advisor or consultant) with any institutions (corporations, firms, partnerships, business enterprises, non-profit organizations, etc) within the past five years that might present a potential conflict of interest or appearance of conflict of interest with your requested appointment? ☐ Y ☐ N

If yes, please explain: _____

OTHER PERTINENT INFORMATION

Have you ever run for public office or been appointed to any board or commission in Arkansas? ☐ Y ☐ N

If yes, state the office title, date of election or appointment, length of term and level of government (city, county, district, state, federal): _____

If seeking reappointment, how many years have you served to this point? _____

Are you or will you soon be running for public office? ☐ Y ☐ N

Do you feel that you can work with Governor Hutchinson if appointed? ☐ Y ☐ N

Do you know anyone who might take any steps, overly or covertly, to block your appointment? ☐ Y ☐ N

If yes, please explain: _____

Does anything in public record exist that would be embarrassing to you, the State or the administration if discovered? _____

Are you willing to file financial disclosure statements while serving in an appointed position? ☐Y ☐N

If you are selected for this appointment, what other towns, besides your current residence, would you like the press release to be sent? _____

REFERENCES

List three references that have known you well within the past five years. Include a current, complete address and telephone number:

NAME	MAILING ADDRESS	PHONE
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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CONSENT TO BACKGROUND CHECK AND TAX RECORD DISCLOSURE AND RELEASE

By signing below, I certify that the information contained in the application for appointment previously submitted to the Office of the Governor is complete, true and correct. I agree that any misstatement, misrepresentation or omission of a fact that may result in my disqualification for appointment. Additionally, if I am appointed to a board or commission of the State of Arkansas and it is subsequently determined that this application contains false or misleading information, or is incomplete, I agree that such circumstance constitutes "good cause" for removal from office or position, pursuant to Ark. Code Ann. Section 25-16-804.

By signing below I further authorize the Office of the Governor to conduct any and all criminal background checks or investigations concerning me that the Governor's Office deems appropriate. I further authorize the Office of the Governor, in connection with any criminal background checks or investigations, to use any and all information included in my application for appointment for such purposes, and to consult with and seek information from appropriate law enforcement agencies or entities, including but not limited to the Arkansas State Police and the Arkansas Crime Information Center.

By signing below I further voluntarily consent to and request that the Director of the Arkansas Department of Finance and Administration disclose to the Office of the Governor, pursuant to Arkansas Code Annotated Section 26-18-303(b)(5), any information which the Director or Department may have concerning me as a taxpayer, and that the Director likewise provide to the Office of the Governor information concerning my Arkansas driver's license.

By signing below, I hereby request and authorize any person, agency or entity, private or public, including all courts, law enforcement agencies, military services and tax office, having information, documents or records about me to release and provide the same to the Governor, his Legal Counsel, his Director of Appointments to Boards and Commissions, or to the Arkansas State Police, for his/their use in performing a background check on my ability and fitness for the sensitive appointment I seek.

By signing below, I do hereby release and discharge the Office of the Governor, the Governor Asa Hutchinson, the Arkansas State Police, the Departments of Finance and Administration and any other agency or person utilized by the Governor in performing any background check of me, from any and all liability of every kind arising from furnishing documents, records or other information for use by the Governor in this matter.

Signature: _____

Date: _____

Printed Name: _____

SSN: _____

Return to:
Office of the Governor
500 Woodlane Street, Suite 11
Little Rock, AR 72201